Approved For Release 2006/11/13 : CJA-RDP75-00399R000100130109-3

} <del></del>			Classifica	tion		
REPORTS INVENTORY						CONTROL NO.
PREPARE IN DUPLICATE						DDS/OL/RECD-11
i. TITLE OF REPORT (if a fill-in report include Form No.)						2. TYPE STATISTICAL
Proposed Temporary Duty Foreign Travel						OF X NARRATIVE
		PERSONNEL				MACHINE-NAME LISTING
3. FUNCTIONAL AREA		LOGISTICS	<del></del>	SECURITY		X ADMIN. GENERAL OTHER (specify)
		MEDICAL				
4. NO. OF COPIE	S PREPARED	5. FREQUENCY (weekly, monthly, quarterly, etc.) 6.			o. DISTRIBUTION (No. of components not	
4		Semiannual			number of copies)  1	
	andum for					
	int-out, etc.	YES IF YES GIVE ADP PROCESSING NO.			ECTIVE AUTHORITY REQUIRING REPORT	
Memorandi	ıım	X N0	X NO LI 22			22-1
10. PREPARING CO	DMPONENT (inc	clude lowest level	III. FEEDER RE	EPORTS (S	tate to	otal number and identify by Title,
contributing		• •	<b>!</b>	, or nome	nclatur	e. Attach separate sheet if necessary.)
Executive Officer, RECD None						
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	X HOURS PER REPORT	LOST DED '	TIN		COST PER YEAR
GS-13.9	10.21	1	10.21	2		20.42
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D. COCIEC OF COMPLETED PROPERTY PROPERTY						
B. COSTS OF COMPUTER PRODUCED REPORTS						
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TOTAL COSTS PER YEAR						20.42
13. COMPLETE DET	AILED JUSTIF	ICATION FOR THIS REP	ORT (in addition	to direc	tive or	r authority cited in item 9). IF KNOWN.
INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.						

OL submits consolidated report to DD/S for necessary information and foreign area approval.